

**Department of Housing and Community Development
Emergency Housing and Assistance Program (EHAP)**

REQUEST FOR DISBURSEMENT INSTRUCTIONS

The Request for Disbursement (RFD) form consists of three pages which must be completed following these instructions in order to obtain disbursement of funds under your Grant Agreement with the State. **ONLY ONE (1) ORIGINAL COPY OF THE RFD IS REQUIRED.** Incomplete or incorrectly completed RFDs may be rejected or may result in delayed processing. If you have any questions regarding these forms, contact the EHAP Disbursements Officer or your EHAP Contract Manager. Please retain these instructions for your future reference. Submit completed RFD to:

Program Manager
Emergency Housing and Assistance Program (EHAP)
Department of Housing and Community Development
P.O. Box 952054 Sacramento, CA 94252-2054

Page 1

Contract #:	Enter the number of the Standard Agreement.
RFD #:	The grantee is allowed two draws; one advance request and one request for disbursement OR two request for disbursements. Check the appropriate request.
Contractor's Name:	Enter the exact name of your corporation or agency as stated in the Standard Agreement.
Contractor's Address:	Enter the address of your corporation or agency as it appears on your standard agreement. This should be the same as reported on the Vendor Data Form which must be on file with the state. If you have a change of address or a name change at any time during your contract period you MUST file a new Payee Data Record Form with our office. The form can be found in the EHAP Grant Management Manual.
Effective Date:	Enter the date found in the lower right hand corner of the first page of the Standard Agreement.
Expiration Date:	Operating Facility Contracts expire 14 months from the effective date. Capital Development Contracts expire 24 months from the effective date. Contact your Contract Manager if you have any questions regarding this date.
RFD Preparer:	Enter the name and telephone number of the person who prepared the RFD.
Expenditure Period:	Enter the start and end dates of the period for which the expenditures cover.
Item A:	Enter the total amount requested for the Request Period (the total of Column 3 on Page 2).
Item B:	Check the appropriate type of request. Please refer to Paragraph 13 of the Standard Agreement for further explanation.
Certification:	The RFD must be signed and dated by the fiscal officer and executive director of your agency or corporation, and must have <u>two different original</u> signatures.

Page 2. EHAP Disbursement Summary

In this section summarize your contract commitment, showing previous and current requests by contract activity.
Round off all figures to the nearest dollar.

Column 1:	Enter the contracted amount for each activity (see Attachment A of your Standard Agreement).
Column 2:	Enter the total amount of funds previously requested under the Agreement for each contract activity, whether or not you have actually received the funds.
Column 3:	Enter the amount requested for this RFD. Except for an advance, you may request only amounts to meet costs which have been paid or incurred by your organization or agency.
Column 4:	Enter the sum of Columns 2 and 3.
Column 5:	Enter the difference between Columns 1 and 4.
Total:	Total all columns at the bottom of this page.

Page 3. Request For Disbursement Expenditure Detail

Activity:	Enter the contract activity(ies) from page 2 of the RFD for which you are requesting reimbursement (e.g. rehabilitation, operations, rental assistance).
Description:	For each contract activity, itemize the expenditures for which you are requesting reimbursement from your EHAP grant. List the type of expenditure and date(s) when cost was incurred (e.g., lease payment for July 1998; case manager Smith's salary 7/15 - 7/31/98; electric bill for 7/31 - 8/30/98). Use a separate line for each expenditure, and group all expenditures for an activity together.
Check Information:	For each expenditure, list your check number, date, and total amount.
EHAP Request:	Enter the amount of each expenditure for which you are requesting reimbursement from your EHAP grant. Calculate the subtotal requested for each contract activity (and round and carry this forward to page 2).

Additional Instructions:

When your grant becomes effective, request an advance for 50% of your grant. Use pages 1 and 2 of the RFD form. Attach a corporate liability insurance certificate. The certificate must show a value of at least \$1 million and name the Department of Housing and Community Development as "additional named insured".

When you have spent the first 50% of your grant, submit an RFD (all 3 pages) listing the expenditures. Attach an adding machine tape to support all math. Attach an insurance certificate and a Semi-Annual Report (which replaces the Quarterly Narrative Report). You will then be paid the remaining 50% of your grant. The total of the advance check and this RFD will be full payment of your grant.

If you don't want to request funds on an advance basis, you are still limited to two checks, that is two RFDs. If you request your final check in the first eleven (11) months of your contract, submit an additional insurance certificate, Semi-Annual Report, and a Certificate of Completion within 60 days following the expiration of your contract as part of the close-out process.

Attachments:

Do **NOT** submit copies of invoices, checks, or other supporting documentation unless directed to do so by EHAP staff. However, you must retain all of your supporting documentation and make it available for State monitoring and review throughout the term of your contract and for five years after the contract expires.

If you are required to submit backup documentation, attach receipts for State funded expenses actually paid and/or invoices, purchase orders, payroll or other records for State funded expenses which have been paid or are now due and payable. Receipts and invoices should be grouped by funded activity (that is; rehabilitation, acquisition, program, etc.) and a calculator tape attached showing the total for each group.

The receipts/invoices should equal the amount requested for each activity. If they are less than the amount requested, payment may be reduced, withheld or delayed until full documentation is provided. If the receipts exceed the amount of grant funds requested, indicate which items and how much of the total is to be reimbursed by the State.

Contact your Contract Manager for further determination of the extent to which documentation is required.